The Sydney Morning Herald

Medical misogyny

A woman thought she had a stalker. Authorities sent her to a psych ward

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APRIL 20, 2025

This story is part of our investigative series on medical misogyny in Australia, exploring its impact and sharing solutions to address it. See all 11 stories.

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Australian women have been forcibly admitted to psychiatric wards after being wrongly branded as mentally disordered, while others suffering from serious physical conditions have been misdiagnosed with mental illness or told their pain is "all in their head".

In the series of disturbing cases detailed by psychiatrists, lawyers and patients, women have been disbelieved or their complaints quickly and incorrectly attributed to a psychiatric cause, when seeking healthcare or other support. The consequences have been devastating.

A woman was involuntarily detained under the Mental Health Act after telling police she was being watched and could hear someone on her roof, only for her complaint to be vindicated when food and cameras were later found in the roof of her home, according to two doctors familiar with the case.

The NSW woman spent multiple days in a mental health ward because police and hospital staff had wrongly believed she was delusional when she reported her stalking fears to authorities, said Dr Karen Williams, a consultant psychiatrist who specialises in trauma and family violence.

The woman's GP, who did not want to be named in order to protect the identity of the victim, said the woman was eventually discharged when she was deemed competent.

"This must sound so fantastical and so unreal, but I can assure you it's real," the woman's GP said.

In a separate case, a pregnant woman was forcibly admitted to a mental health unit before it became apparent that her distressing symptoms were being caused by a severe drug reaction to the medication she had been prescribed.

And a writer in her 50s was placed in a secure mental health facility against her will following allegations, vehemently denied by the woman, that she had planned to take her own life.

“I co-operated. I was reasonable and rational, and still this snowball just kept rolling. I was thinking, ‘This is just unbelievable. I can’t believe in 2019 this is happening’,” the woman said.

Years after she was forcibly detained in a psychiatric ward, Carol (not her real name) still feels a deep sense of injustice about what occurred to her. ALEX ELLINGHAUSEN

Experts say the reports of women being involuntarily admitted to mental health facilities hark back to an era where women who didn’t conform to societal expectations were branded “hysterical” and locked in asylums. They could also be extreme examples of a pervasive phenomenon: healthcare professionals treating women as unreliable witnesses when it comes to their own bodies.

More than 1700 of the 1800 women who responded to this masthead’s ongoing investigation into medical misogyny said they felt dismissed or ignored when seeking healthcare.

Many said they were not believed and that they faced delays getting a diagnosis for serious physical ailments such as cancer after their symptoms were initially chalked up to anxiety and depression.

One NSW woman said she was prescribed antidepressants by two GPs who brushed aside her concerns that her headaches and fatigue had a physical cause. Once she was given a blood test,

it was established that her symptoms had been triggered by low iron.

Experienced psychiatrists have warned that family violence victims are at particular risk of receiving an incorrect mental health diagnosis and then having that diagnosis weaponised against them.

MEDICAL MISOGYNY: A CALL TO ACTION

The Age and *The Sydney Morning Herald* have launched an investigation into medical misogyny: ingrained, systemic sexism across Australia's healthcare system, medical research and practice.

More than 1800 women shared their experiences as part of our crowdsourced investigative series, which prompted a national outpouring of grief and frustration as women described feeling gaslit, dismissed or being told their pain was "all in their head".

We are calling on the federal government to boost Medicare funding for GP appointments that last more than 20 minutes to improve care for women and others with complex health conditions.

The Albanese government and the Coalition have promised to pour $8.5 billion into Medicare to make GP visits more affordable and improve bulk-billing rates, but longer 20-minute appointments will receive a smaller proportional funding increase.

Doctors have warned that the plan could further disadvantage women by continuing to incentivise shorter consultations, which don't give GPs enough time to address menopause, pelvic pain, and other women's health issues.

Understaffing and strain on hospitals, insufficient training given to doctors, police misunderstanding of family violence situations, a persistent culture of disbelieving women, the incentivisation of short GP consultations and other specialist access issues are among the factors driving these misdiagnoses, according to experts.

Williams, a director at Illawarra Women's Trauma Recovery Centre, said women were frequently being misdiagnosed with mental health conditions and told their symptoms were "all in their head".

Psychiatrist Dr Karen Williams says the medical system is failing many abused women. NICK MOIR

She said she had treated several women who have been involuntarily admitted to mental health wards even though they were not mentally unwell, including a case earlier this year when a woman was admitted to hospital after her husband falsely claimed she had been acting bizarrely.

“This is not a one-off story,” she said.

Williams said she often treated women who had been referred by their GPs for mental health support, only for her to discover that their symptoms were not psychiatric, but related to an undiagnosed or untreated physical condition, such as thyroid issues, anaemia, endometriosis, polycystic ovary syndrome or chronic pain.

Among the several cases of grave misdiagnoses reported by Williams, a woman in regional Australia who had the classic symptoms of multiple sclerosis and a family history of the disease was told her symptoms were “all in her head” and inappropriately prescribed psychiatric drugs.

The co-founder of Doctors Against Violence Towards Women treated two women misdiagnosed with conversion disorder. The controversial psychiatric diagnosis, in the past referred to as hysteria, causes physical symptoms such as spasms, twitches and tremors.

One of the women misdiagnosed with conversion disorder was experiencing falls because she had been prescribed inappropriately high doses of an antipsychotic medication to help her sleep, and the other was having seizures caused by epilepsy.

“She went six or seven months being told it was in her head and put on all these medications that she ended up getting addicted to,” Williams said.

Jane Ussher, a professor of women's health psychology at Western Sydney University, said several studies have shown women were much more likely than men to receive a psychiatric diagnosis after going to the doctor with comparable symptoms and depression scores.

"Psychiatric diagnosis is used as a way of regulating women, of dismissing women and not looking at the real cause of women's distress or women's behaviour," Ussher said.

"Often, women … begin to believe it, and then they might not pursue other avenues of investigation that might show that it is something physical."

A 2018 review of 77 research articles found "women with pain can be perceived by doctors as hysterical, emotional, complaining, not wanting to get better, malingerers, and fabricating the pain, as if it is all in her head".

Jane Ussher, a professor of women's health psychology at Western Sydney University. JAMES BRICKWOOD

A 2020 Spanish review found women received a disproportionate number of psychiatric diagnoses, and prescriptions for mood-altering drugs, even after taking into account higher rates of mental health conditions in the female population overall.

Several international studies have also shown women receive lower doses of opioid pain medication after surgery compared to men and were more likely to be prescribed sedatives and antidepressants, while men were prescribed opioids and other pain medication after surgery.

Ussher said cases where women had been involuntarily treated when they weren't mentally ill was a modern iteration of the widespread institutionalisation of "difficult women" in the 19th century, when any transgression of the compliant, respectful paragon of domestic virtue was certifiable madness.

In the 19th century, women were sent to asylums for not meeting the narrow ideals of good mothers, wanting to spend their own money, being promiscuous, and wanting to read or think for themselves, Ussher said.

“The diagnosis of madness functioned very effectively to rid society – or husbands – of women who were difficult, or who were no longer wanted,” Ussher said. “It was commonplace then for women to be locked up in asylums for decades.”

Psychiatrists and other professionals who work with family violence victims say there are disproportionately high rates of mental health misdiagnosis among women who are in abusive relationships.

Victorian psychiatrist and researcher Professor Manjula O’Connor said she had encountered multiple cases of family violence victims being misdiagnosed with chronic mental health conditions such as schizophrenia and borderline personality disorder, a trend she put down to a lack of awareness about how people react to trauma.

The ripple effect of these misdiagnoses can be devastating. One woman was barred from seeing her children when O’Connor said she was wrongly diagnosed with borderline personality disorder and psychosis.

“I mean, the unfairness and harm to mothers and their children is profound … it is our society that will pay in the long run.”

Victorian psychiatrist and researcher Professor Manjula O’Connor. JOE ARMAO

Experienced family law solicitor Jo-Anna Moy said she has represented five women through her small legal practice who have been wrongly detained in public mental health facilities after false claims made by their husbands.

In two of the instances, Moy said the women had serious physical ailments where the symptoms were confused or misrepresented to authorities as being a mental health episode. One of these cases had an undiagnosed brain tumour, and the other had dystonia, a neurological disorder that causes involuntary muscle contractions and abnormal movements.

In the other three cases Moy said the women didn't have any physical or mental conditions. Two were subsequently diagnosed with post-traumatic stress disorder as the result of their forced detention.

"A number were very educated women who found themselves thrown into this completely abnormal circumstance where they have no control and there was an assumption that they could not overcome – no matter how clear and articulate and self-contained they might be – that they were mentally unwell, they must be as they have been sectioned. They all reported a really frightening environment," the Sydney solicitor said.

"The most recent example was one where the wife had different political views to her husband, she was a Trump supporter and was anti-vaccinations, and that was enough to have her locked up."

'They just stop listening to you'

Carol, who did not wish to use her real name because of sensitivities around her case, is one of Moy's clients.

In 2019, Carol was involuntarily admitted to the mental health ward of a large public hospital in Sydney, following reports of a domestic dispute at home which resulted in police being called and Carol ferried to hospital on the back of claims made to police that she had threatened to kill herself.

However, Carol has consistently maintained she was never suicidal.

Her private psychiatrist and her lawyer back Carol's account that she was improperly treated. Instead, they say she was a victim of domestic violence, unreasonably detained because of the willingness of the authorities to believe her husband's alleged claim she had threatened suicide, without properly testing it.

NSW Ambulance records show that when paramedics were first called to Carol's home, on a Sunday afternoon, they found her "sitting calmly in [the] loungeroom, fully engaging in conversation".

Carol was able to tell them her version of events: that she and her husband had been arguing when one of her teenage children got involved, and Carol had been hurt, leaving her with a mild headache and bruising.

The paramedics' notes say: "[The patient] does not present with any symptoms of acute psychosis or [being an] immediate risk to self or others."

Yet, despite this medical assessment finding that Carol wasn't showing signs of being suicidal, police detained Carol under section 22 of the Mental Health Act.

An account provided by the health district to explain her subsequent forced admission to the mental health ward cites Carol's husband's concerns about her behaviour, text messages "indicating suicide" sent by Carol, and relies heavily on the section 22 report from police, which claims that Carol had said she was going to kill herself the day before.

Key is an allegation aired in the police section 22 document that Carol had made comments in front of one of her children's psychologists while accompanying the child to an appointment that she was going to "jump from" a cliff.

However, even as Carol argued that her comments had been misrepresented, the hospital didn't immediately contact the psychologist, and when they did, on the second day of Carol's involuntary admission, they seemingly brushed aside this psychologist's assessment which supported Carol's position the comment wasn't a suicide threat.

Carol said she had made an offhand remark about how she could "drive off a cliff" and her husband "wouldn't care less" because of frustrations with feeling underappreciated and unsupported with parenting, but had not made a suicide threat.

The psychologist who was there when the comment was made agreed that Carol's comments weren't made with suicidal intent.

Carol believes she was involuntarily detained based on her husband's "fabricated" claims.

"This is blatant sexism and reminiscent of something from the 19th century when women were routinely hospitalised if they would not yield to their husband's wishes," she said.

"There comes a point where – and I found this out the hard way – they just stop listening to you.

"There's a phenomenon called diagnosis momentum. And that is, as soon as the patient's labelled with something, it's very difficult to have that removed."

A nursing handover note from the second day of Carol's admission says that Carol was crying and requesting to be discharged, but the "husband [was] requesting to keep her in hospital for 24 hours".

On the same day, a doctor spoke to Carol's husband, who said he was concerned about Carol's behaviour, and claimed one of their children was considering leaving home because they didn't feel safe, according to hospital correspondence.

The health service argued that while Carol was not mentally ill, she "remained a potential risk of harm to herself and to others". Her forced admission was extended on the basis that she was "mentally disordered" under the Mental Health Act, which means she was considered to be

someone whose behaviour was so irrational that there were reasonable grounds for believing they required involuntary care.

Carol, a former post-graduate student, said while doctors may have wanted to detain her on the basis it's "better to be safe than sorry", they failed to consider the trauma they could cause by locking a previously healthy woman in a psychiatric facility, where other patients in the ward were screaming, violent and scary.

"It's burnt into my memory," Carol said, who later developed post-traumatic stress disorder as result of the forced hospital stay, which spanned three days. "I'll never forget because it had a devastating effect on my life."

Dr Judith Craig, Carol's psychiatrist, believes patriarchal attitudes from the male doctors treating Carol at the hospital were a factor in her ongoing detention, and that Carol was inadequately assessed.

Veteran psychiatrist Dr Judith Craig believes Carol was wrongly detained. JANINE BARRETT

The health service noted that Carol presented as "teary and agitated" and became more distressed and angry during her initial assessment, but Craig argues these observations are not sufficient justification for involuntary admission.

"If you've just been assaulted by someone and sort of dragged off by the police, you might be teary and agitated, but it would be within context," Craig said. "A lot of people are very upset and very tearful when they're telling you about something … but that's not an indication for keeping anyone [involuntarily]."

Craig, who has more than 30 years experience as a psychiatrist and has worked in public mental health wards, also said there was "secondary medical misogyny" at play in the downplaying of the assessment of the female psychologist who backed Carol's claims her "cliff" comment was not a suicide threat.

Carol made a complaint to the NSW Health Care Complaints Commission (HCCC) about the forced admission, arguing she shouldn't have been detained given she was neither mentally ill nor mentally disordered. In a written response to Carol, the commission said it had reviewed the case and was satisfied with the management of her care.

A spokesperson for the health service in charge of the hospital said it was unable to comment on individual cases, but that its mental health services operated under the *Mental Health Act NSW 2007*, which provided the legal framework for supporting consumers who may need care, including robust processes for review and appeal.

A strained and 'very risk-averse' psychiatric system

Matthew Large, conjoint professor of psychiatry at the University of NSW, said psychiatrists were increasingly aware that involuntary hospitalisation can be part of a domestic violence scenario.

Any doctor can schedule a patient – having a person detained at a hospital. Many will have had no education on the Mental Health Act since medical school, Large said.

Large said there should be mandatory training for this serious procedure – which could include recognising coercion and misinformation – and more formal training for doctors and mental health workers who are allowed to take the next step of involuntarily admitting patients to mental health units.

Large said "false positives" – unnecessarily scheduling someone under the Mental Health Act – happened to women and men.

The system is "very risk-averse" when there is a perceived threat of suicide, Large said, yet when the Mental Health Act is interpreted properly, being suicidal alone isn't enough to involuntarily detain someone.

"You do sometimes hear doctors say things like, 'I don't care that they are mentally ill or not. I don't want them to kill themselves. If that means they're in hospital for a day, that's the cost.' "

Jess de Vries, the director of legal services at Women's Legal Service Victoria, said once information from an abusive partner gets fed into a patient's notes "it's really hard to undo that". She confirmed that the service was also aware of cases where women had been involuntarily hospitalised when they didn't need forced mental health treatment.

In NSW, a chronic shortage of psychiatrists has seen acutely unwell patients forced to wait days for admission to mental health wards.

Williams said this staffing crisis means that the junior psychiatrists often didn't have the time, or were not receiving the proper training, to know how to take a detailed domestic violence

history or get to the bottom of complex cases.

"They're literally just in crisis trying to manage all of these people by themselves, with skeleton staff. So you can imagine that if you've got a full emergency room and you're busy trying to see everyone at two o'clock in the morning, you're not going to get the [full] story from a distressed woman," Williams said.

Meanwhile, the incentivisation of shorter GP consults at the expense of longer appointments means family doctors were also failing to identify domestic violence cases, and trauma from abuse is misattributed to other issues, Williams said.

"There are no dedicated pathways … to help a doctor who may even suspect abuse, to refer her safely to someone who may be able to ask the right questions," Williams said. "This means that the medical system not just ignores abuse, but colludes with the abuser, not just in allowing the abuse to go on undetected, but then also adding weight to his accusations that she is 'crazy' and 'needs to take her meds'."

This masthead contacted police and health departments in NSW and Victoria about claims women were being wrongly detained in psychiatric wards.

A Victorian health department spokesperson acknowledged that information from others could be used to inform psychiatric assessments of patients presenting to hospital, but this information was "never relied on as [the] sole determination of diagnosis or treatment".

A NSW Health spokesperson said when making decisions under the NSW Mental Health Act clinicians needed to undertake "a comprehensive assessment of the person, including a review of the history of mental and physical illness, family history, psychosocial factors and an evaluation of the risk of self-harm or harm to others". They said it was mandatory for NSW health services to deliver domestic violence screening to all women aged 16 years and over.

A Victoria Police spokesperson said the force was aware that perpetrators can seek to undermine victims by claiming their behaviour is evidence of mental illness, or that they acted in self-defence because the victim is "crazy" or violent.

"Where any party to a family violence incident is apprehended by police under the Mental Health and Wellbeing Act 2022, this activates a health-led response, and the party is directly assessed by a qualified medical practitioner. Police are highly skilled in dealing with family violence perpetrators and their tactics of manipulation."

A NSW Police spokesperson said that domestic violence incidents can be complex and unpredictable, but "police must not make assumptions when assessing and determining who is the predominant aggressor and must investigate each matter thoroughly".

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